



10-21-03

HTS021/142827

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	CARL L. HAMMONDS	
Serial No.:	10/676,184	Group No.:
Date Filed:	10/01/03	Examiner:
For:	METERING PUMP	Atty Docket HTS021/142827 No.

RESPONSE TRANSMITTAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. Transmittal herewith is an amendment for this application.
2. Applicant is

a small entity.
 other than a small entity

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.6(d), 1.8(a) and 1.10)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

deposited with sufficient postage as Express Mail receipt EV326177462US, in an envelope addressed to the following: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 10-20-03

Dottie Holloway
Signature

Dottie Holloway

(type or print name of person certifying)

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete, as applicable)

Applicant petitions for an extension of time under 37 C.F.R. § 1.136
(fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:

<u>Extension (months)</u>	<u>Fee large entity</u>	<u>Fee for small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 400.00	\$ 200.00
<input type="checkbox"/> three months	\$ 920.00	\$ 460.00
<input type="checkbox"/> four months	\$ 1,440.00	\$ 720.00
<input type="checkbox"/> five months	\$ 1,960.00	\$ 980.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

An extension for _____ months has already been secured. The fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d) has been calculated as shown below:

Claims Remaining After Amendment	Highest No. Previously Paid For	Extra Present	Rate	Added Fee
Total: 15	20	0	\$9/18	\$0.00
Independent: 2	3	0	\$42/84	\$0.00
First Presentation of Multiple Dependent Claims:			\$280/140	\$0.00
			Total Additional Fees:	\$0.00

(complete (c) or (d), as applicable).

No additional fee for claims is required.

OR

Total additional fee for claims required \$_____

FEE PAYMENT

5. Attached is our check in the sum of \$_____ for the fee of extension of time.

Attached is our check in the sum of \$_____ for the fee for claims.

Attached is our check in the sum of \$_____ for a petition to revive an application.

Charge Account No. 50-0897 the sum of \$_____

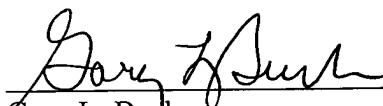
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 50-0897
(HTS021/142827)

AND/OR

If any additional fee for claims is required, charge Account No. 50-0897
(HTS021/142827)

Date: Oct 20, 2003



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